

Form # 301 Revised 3/2009 1400 West Third, Little Rock, AR 72201 Phone (501) 682-1517 or (800) 666-2877 Fax (501) 682-2359 Website - http://www.artrs.gov

Alternative Payee Enrollment Form

To be completed by persons who were assigned retirement benefits from an ATRS participant's account in a Qualified Domestic Relations Order (QDRO).

Social Security Number	
Social Security Number	_
Name (Last, First, Middle)	
Maiden Name (If applicable)	
Mailing Address	
City	State Zip
☐ Male ☐ Female Date of Birth	
Telephone Number Work ()	
Home ()	
Email Address	
Have you ever been a participant in ATRS? Yes	□ No
Name of Former Spouse (Last, First, Middle)	
Former Spouse's Date of Birth	
Former Spouse's SSN	
Signature	Date